

## TRAINING FOR PRIMARY CARE

of knowledge and skill which make it a specialty.

- Primary care programs in the university must prove their commitment to producing real primary care practitioners by recruiting faculty members with extensive primary care experience.
- The university must adopt new standards for faculty appointment and promotion which recognize skill in teaching and patient care.

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## Nonindications for Inhaled Corticosteroids in Asthma

Obviously, inhaled corticosteroids should not be introduced in a patient whose airway is obstructed. . . . When a patient has an obstructive bronchial disease, you have to clear the airway before the drug is introduced. Day-to-day adjunctive therapy should be given and it is unwise to use these drugs unless alternative treatment programs have significant disadvantages because we don't know the long-term effects of inhaled steroids on the bronchial tree. It is not recommended for an asthmatic patient who has only infrequent, moderate-to-severe flareups of asthma. In this instance, bronchodilators, fluids, short-burst steroids—preferably prednisone—will usually reverse the disease. They are not that effective for exercise-induced bronchospasm and there is even some indication . . . that they may not be particularly effective for severe pollen-induced, self-limited, seasonal asthma. For exercise-induced bronchospasms, cromolyn or theophylline, or both, are probably better to use.

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Extracted from *Audio-Digest Pediatrics*, Vol. 22, No. 17, in the Audio-Digest Foundation's subscription series of tape-recorded programs. For subscription information: 1577 East Chevy Chase Drive, Glendale, CA 91206.